


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Enforcement Services Division	Division: Enforcement Services Division	Chapter: 12
Inspected by: Koenig		Date: 03/10/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: <u>4/30/09</u>	Commander's Signature: 	Date: <u>4/24/09</u>
Chapter Inspection: Chapter 12 – Occupational Safety			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

Due to the size of the Command, and the Sections share the same facilities as the Division office, the quarterly division occupational safety committee serves as the Command's Occupational Committee.

The Division does not have any hazardous materials stored; therefore, no written Hazardous Substance Program exists.

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Command: Enforcement Services Division	Division: Enforcement Services Division	Chapter: 12/
Inspected by: Koenig		Date: 03/10/09

Commander's Response:

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

There are no corrections or follow-up.

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Command: Enforcement Services Division	Division: Enforcement Services Division	Chapter: 12
Inspected by: Koenig		Date: 03/10/09

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

None.

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature: 	Date: 3/10/09
Responding Commander's Signature (for appeal): 	Date: 4/24/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Division office	DIVISION Enforcement Services	NUMBER 060
EVALUATED BY B. Koenig		DATE 03/10/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		BY D.A. Vertar	DATE 4/1/09
<input type="checkbox"/> Correction Report		COMMANDER'S REVIEW	

1. GOALS AND ACCOMPLISHMENTS

EVALUATED ✓	ACTION REQUIRED NONE	CORRECTED
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a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing? The division office has had no accidents or injuries.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED ✓	ACTION REQUIRED NONE	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Chiefs Mulanix and Vertar attend the Division's

Occupational Safety meetings and routinely speak about occupational safety during weekly staff meetings with section commanders.

**AREA MANAGEMENT EVALUATION
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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends?

Accidents within Enforcement Services Division are rare, so when one occurs, it is carefully scrutinized to ensure they are not repeated.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

What corrective action has the command taken when a trend has been identified?

The command encompasses seven employees.

Of the employees, two are assigned a state owned vehicle. Another vehicle is available for use; however, it is rarely used. If an accident trend is identified, the command would communicate the issue to its employees during a staff meeting.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

✓

ACTION REQUIRED

NONE

CORRECTED

a. What is the composition of the COSC? The Division wide Occupational Safety Committee is composed of a commander,

lieutenant, sergeant, officer, office technician, motor carrier and an office assistant. Each section within the Division has a representative and its chairperson is an assistant chief.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED <i>RK</i>	ACTION REQUIRED <i>NONE</i>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED NONE	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED NONE	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED NONE	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(2) Warning signs posted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(4) Employees receive training?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

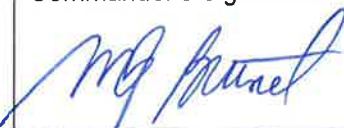
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED ✓	ACTION REQUIRED NONE ✓	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Field Support Section	Division: Enforcement Services Division	Chapter: 12
Inspected by: Eddy		Date: 04/07/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Enforcement Services Division Due Date: 04/17/09	Commander's Signature: 	Date: 4/14/09

Chapter Inspection: Chapter 3 – Command Procurement

Inspector's Comments Regarding Innovative Practices:

None

Command Suggestions for Statewide Improvement:

None

Inspector's Findings:

None

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Command: Field Support Section	Division: Enforcement Services Division	Chapter: 12/
Inspected by: Eddy		Date: 04/07/09

Commander's Response:

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

There are no corrections or follow-up.

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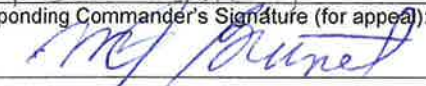
Command: Field Support Section	Division: Enforcement Services Division	Chapter: 12
Inspected by: Eddy		Date: 04/07/09

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:


None.

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature: 	Date: 4/6/09
Responding Commander's Signature (for appeal): 	Date: 4/7/09


AREA	DIVISION	NUMBER
Field Support Section	ESD	
EVALUATED BY	DATE	
A. Eddy	04/08/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	
<input type="checkbox"/> Correction Report BY _____		DATE 4/10/09	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED	ACTION REQUIRED

- | | | |
|--|---|--|
| a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are goals developed in accordance with departmental policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are goals appropriately categorized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are goals realistic? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are goals consistent with departmental objectives? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is input from all levels considered before goals are established? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Are goals being accomplished? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Accurate reporting on CHP 113, Accident and Injury Report? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are accidents increasing? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are injuries increasing? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing? N/A | | |

- | | | |
|---|---|-----------------------------|
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are employees knowledgeable about goals and achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are employees providing suggestions toward goal attainment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. PARTICIPATION	EVALUATED 	ACTION REQUIRED	CORRECTED
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) What is the commander's attitude regarding occupational safety? The Commander has attended Occupational Safety meetings and conveyed the importance of avoiding hazards in the workplace.			

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OCCUPATIONAL SAFETY

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED ✓	ACTION REQUIRED	CORRECTED
a. Commander's method of identifying trends? With the limited amount of incidents and accidents at Field Support Section, no trends have developed or been observed. The Commander has ensured every employee is aware of how to work safely to reduce any unforeseen accidents through staff meetings and open communication.			
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. What corrective action has the command taken when a trend has been identified? No trends have been identified.			

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

7 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☐ Yes☒ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED



ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Captain, Lieutenant, Sergeant, Officers, Staff Services Analyst, Office Technician

(1) Is there representation from each collective bargaining unit?

☒ Yes☐ No

(2) Management and supervisory representation?

☒ Yes☐ No

(3) Command Safety Coordinator assigned?

☒ Yes☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes☐ No

(5) Are committee assignments rotated?

☒ Yes☐ No

(6) COSC meetings held quarterly?

☒ Yes☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes☐ No

(8) Do all committee members attend the meetings?

☒ Yes☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes☐ No

(5) Are assignments given during Area meetings?

☒ Yes☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes☐ No

(1) Recording secretary appointed?

☒ Yes☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes☐ No

(3) Are minutes included in IIPP file?

☒ Yes☐ No

(4) Minutes maintained current year, plus three?

☒ Yes☐ No

(5) Minutes forwarded through channels?

☒ Yes☐ No

d. Is the COSC effective?

☒ Yes☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes☐ No

j. Does the command maintain an effective health and safety communications system?

☒ Yes☐ No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No


**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

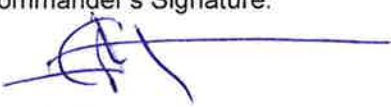
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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Commercial Vehicle Section	Division: Enforcement Services Division	Chapter: 12
Inspected by: Jones		Date: 04/21/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input checked="" type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____	Commander's Signature: 	Date: 04/30/09
Chapter Inspection: Chapter 12 – Occupational Safety			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
--

one

Inspector's Findings:

The Command does not have any hazardous materials stored; therefore, no written Hazardous Substance Program exists.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Commercial Vehicle Section	Division: Enforcement Services Division	Chapter: 12
Inspected by: Jones		Date: 03/10/09

Page 2

Commander's Response:

I have reviewed the inspection and agree with its findings.

Inspector's Comments:

During this inspection, the Injury Illness prevention and Emergency Action plans were updated.

Required Action

Corrective Action Plan/Timeline

There are no corrections or follow-up.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Commercial Vehicle Section	Division: Enforcement Services Division	Chapter: 12
Inspected by: Jones		Date: 03/10/09

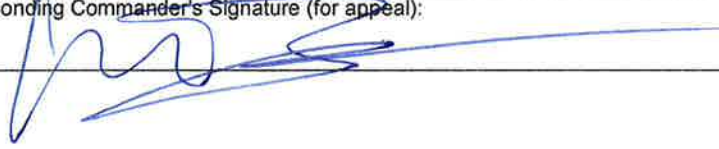
Page 3

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

None.

Appeal Review/Decision: *(This shall be the only level of appeal).*


Lead Inspector's Signature: 	Date: 4/20/09
Responding Commander's Signature (for appeal): 	Date: 4/28/09

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA 062	DIVISION 060	NUMBER
EVALUATED BY Tim Jones #12943, Sergeant		DATE 04/16/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 4/24/09
BY _____ <input type="checkbox"/> Correction Report		EVALUATED Yes	ACTION REQUIRED No CORRECTED

1. GOALS AND ACCOMPLISHMENTS

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

- | | |
|--|---|
| (1) Are goals developed in accordance with departmental policy? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (4) Are goals appropriately categorized? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (5) Are goals realistic? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are goals consistent with departmental objectives? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Is input from all levels considered before goals are established? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

b. Are goals being accomplished? ☒ Yes ☐ No

- | | |
|---|---|
| (1) Accurate reporting on CHP 113, Accident and Injury Report? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (2) Are accidents increasing? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (3) Are injuries increasing? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing? Specific procedures for clearing hazards and using spotters were not practiced. This has remedied through section training. | |

- | | |
|---|---|
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (6) Are employees knowledgeable about goals and achievements? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| (7) Are employees providing suggestions toward goal attainment? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED
------------------	-----------------------	-----------

a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Proactive support and active involvement in the programs and procedures.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDSEVALUATED
YesACTION REQUIRED
No

CORRECTED

- a. Commander's method of identifying trends? Active involvement in the IIPP, monitor quarterly reports, ensure supervisors and managers report trends.

- | | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- b. What corrective action has the command taken when a trend has been identified? Supervisors discuss the issues, identify the cause and develop a plan to reverse or eliminate the trend.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC? One member from bargaining units 1,4,5, and 9

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No
<hr/>		
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No
<hr/>		
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No
<hr/>		
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<hr/>		
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?

☒ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information?

☒ Yes ☐ No**9. HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Activities identified within command that may require exposure to hazardous conditions?

☒ Yes ☐ No

(1) Appropriate engineering and/or administrative controls implemented?

☒ Yes ☐ No

(2) Protective equipment provided in accordance with bargaining unit agreements?

☒ Yes ☐ No

(3) Employees trained on use and maintenance of equipment?

☒ Yes ☐ No

(4) Training documented?

☒ Yes ☐ No